

4th STB Family Readiness Checklist

Soldier's Name and Rank: _____

Section or Platoon: _____

Single: _____ Married: _____ Spouse's Name: _____

Mailing Address: _____

Live in Barracks: _____ (or) Residential Address: _____

Home Phone: _____ Spouse's Work Phone: _____

Spouse E-mail Address: _____

Name of Local Friend or Neighbor: _____ Phone: _____

If you leave the area where would you go: _____

Address: _____ Phone: _____

Other than Spouse, who would you notify in case of emergency?

Name: _____

Street Address or PO Box: _____

City: _____ State: _____ Zip: _____ Country: _____

SPECIAL FAMILY SITUATIONS: Mark (X) in appropriate spaces

____ Wife has no driver's license. ____ Medical Problems ____ No car

____ Exceptional Family Member ____ Wife doesn't speak English. Speaks: _____

____ Wife is pregnant. Due Date: _____

____ Other, please explain: _____

CHILDREN:

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

Name: _____ Age: _____ School: _____

OTHER DEPENDENTS: _____

PRE-DEPLOYMENT CHECKS:

____ Dependents ID Card ____ DEERS (enrolled) ____ Tri-Care

____ Taxes Complete ____ P of A & Will w/ Spouse ____ Bills Explained

____ Access to checking ____ Emergency Phone # Card ____ Home Repair Phone #

____ Insurance coverage ____ Vehicle Service Schedule ____ Emergency Child Care

Vehicle Registered: ____ State (Expires: _____) ____ On Post (Expires: _____)

PRIVACY ACT STATEMENT: Authority U.S.C. 522a. and para 3-5, AR 340-2 I; para 2-8a. AR 210-7. Principal purpose is to gather data on family members of assigned soldier. Primary use of this information is to facilitate volunteers in providing command information to family members concerning unit events and in emergencies. I understand that my phone number will be published on the company spouses' roster that is available to company wives and the battalion chain of concern.